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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Sudan

The Executive Director recommends that the Executive Board approve the country programme of the Sudan for the period 1991 to 1995 in the amount of $25 million from general resources, subject to the availability of funds, and $50 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990 will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

THE SITUATION OF CHILDREN AND WOMEN

1. The Sudan, the largest country in Africa in physical terms, covers 2.5 million square kilometres, of which 30 per cent is largely uninhabited desert. In 1989, the under-five child population was estimated at 4.6 million and there were 5.6 million women of child-bearing age. The population, growing at an annual rate of 2.9 per cent, is expected to double in 22 years.

2. Agriculture is the mainstay of the economy. However, a November 1990 crop assessment mission undertaken by the Food and Agricultural Organization of the United Nations (FAO) predicted that in 1991 agricultural output will be down by 40 per cent and grain production will be 1.2 million tons below subsistence levels. Panic sales of livestock have started, and in north Kordofan and north Darfur, drought has prompted large-scale population movements.

3. Displaced persons have migrated to urban centres, particularly to the capital, Khartoum, where the population increased from 250,000 in 1956 to 1.8 million in 1983 and to 3.8 million in 1990. An estimated 1.8 million recent migrants live in squatter settlements and in shelters made of old sacks and cardboard.

4. In 1988, the infant mortality rate (IMR) was as high as 107 per 1,000 live births and the under-five mortality rate (U5MR) was 181 per 1,000 live births. In Darfur and Kordofan, IMRs are over 200 per 1,000 live births. The main causes of infant mortality are diarrhoea (27 per cent), malaria (18.5 per cent), tetanus (18.4 per cent), respiratory diseases (12 per cent) and prematurity (9 per cent). The underlying causes are poor hygiene, inadequate and unsafe drinking water, poor sanitation facilities, malnutrition, inappropriate weaning practices and poverty. Maternal mortality rates (MMRs) range from 541 to 2,270 per 100,000 live births, with a national average of 655 according to 1985 figures of the World Health Organization (WHO).

5. Malnutrition is a very serious problem, affecting 70 per cent of rural and 28 per cent of urban children. Recent surveys in 27 camps in Khartoum revealed that between 14 and 29 per cent of children under-five years old were malnourished (below 80 per cent weight for height). Vitamin A deficiency, prevalent in up to 10 per cent of children, places children in camps at particular risk. Vitamin C deficiencies have appeared recently, and iodine deficiency is common in south Darfur and the Central Region.

6. Currently, 49 per cent of primary school-age children are enrolled in schools. Of these, 59 per cent are boys and 41 per cent are girls, a marked improvement in girls' enrolment since 1971 when it was 31 per cent. Civil conflict, however, has brought the educational system to a standstill in the south. In the north, drought, displacement and economic difficulties are creating a similar situation. The overall literacy rate is extremely low, estimated at 23 per cent in 1985 (39 per cent for males and 10 per cent for females). In rural areas, over 90 per cent of women are illiterate.

7. Based on the 1983 census, 30 per cent of women above the age of 10 years are economically active, 85 per cent of them in farming and agriculture. Women also do over 70 per cent of domestic work. Rural women typically walk 3 to 5 kilometres to fetch water and fuelwood for their families and, in desertified areas, women may travel up to three days in search of water and fuel. Water and fuel collection consumes 21 per cent of a woman's time; farming, 45 per cent; and child care only 8 per cent. Around 50 per cent of the urban population have access to clean water compared with only 20 per cent in rural areas. In Kordofan, Darfur and parts of the Eastern Region, poor access to water and the associated widespread deaths of livestock are causing large-scale population movements.

PROGRAMME COOPERATION, 1987-1990

Primary health care/maternal and child health programme

8. UNICEF supported the policy of the Ministry of Health in the planning, management and implementation of the health area concept. Supplies were provided in support of primary health care (PHC)/maternal and child health (MCH) activities, particularly in rural areas such as Darfur and Kordofan. The training of traditional birth attendants (TBAs) was supported and midwifery kits were provided to trainees.

Expanded programme on immunization

9. Major progress has been made, with full immunization coverage increasing from 4 per cent in 1984 to 59 per cent by the end of 1989. As of the end of September 1990, projected coverage rates for tuberculosis vaccine stood at 91 per cent, for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine at 73 per cent and for measles vaccine at 61 per cent. The drop-off rate between the first and third dose of DPT3 vaccine has been sharply reduced from 50 per cent in 1981 to 19 per cent in 1990. However, EPI coverage varies regionally, with Darfur, Kordofan and the Eastern Region having lower levels. Through sustained efforts, immunization coverage in garrison towns such as Juba has tripled to about 74 per cent in only three months. An innovative programme linking child immunization to the channels and infrastructure for cattle immunization in Eastern Equatoria has raised measles coverage there to an estimated 75 per cent. Based on mid-1990 statistics, about 25 per cent of pregnant women between 15 and 44 years of age have been vaccinated with two doses of tetanus toxoid (TT2). However, with the recent change in the policy of the Ministry of Health to extend tetanus toxoid immunization to all women 15 to 44 years old, coverage as a percentage of the new denominator has dropped to 13 per cent.

10. Four main factors underlie the success of the expanded programme on immunization (EPI): (a) a combination of political will and social mobilization; (b) the strengthening of health and immunization services, particularly the cold chain, supplies and logistics and manpower training; (c) the adoption of a mobile strategy for outreach services; and (d) assured funding from UNICEF for programme implementation.

Control of diarrhoeal diseases

11. According to the 1990 demographic health survey, 36 per cent of children received oral rehydration therapy (ORT), either from an oral rehydration salts (ORS) packet or from a recommended home solution during their most recent diarrhoeal episode. Almost one half of the children in urban areas who had diarrhoea received ORT (46 per cent), compared with one third in rural areas. The success of the programme can be attributed to the intensive training of health staff during the past four years, with 616 ORT trainers from different regions trained by the end of 1989. These trainers, in turn, conducted control of diarrhoeal diseases (CDD)/ORT courses for 10,000 health workers and 1,900 non-health workers (teachers, Red Crescent volunteers, etc.). Six national ORT demonstration and training centres have been established. Since 1987, 100 ORT corners have been created in health facilities. A pilot study is also under way to investigate malnutrition as a causative factor of diarrhoeal diseases.

12. The CDD programme is pursuing government support for the local production of ORS, now impeded by the shortage of foreign exchange to import ingredients and the unfavourable exchange rate that makes locally produced ORS uncompetitive. The programme needs strengthening in overall supervision, disease surveillance and logistics. The seasonal incidence of diarrhoea also needs to be monitored, so that CDD activities can be increased during peak periods.

Acute respiratory infections programme

13. The acute respiratory infections (ARI) programme has made important progress in producing educational materials and communication messages and in training medical personnel. During the past three years, courses on ARI for supervisory staff were conducted in Khartoum, Port Sudan and Kassala (Eastern Region), and Wad Medani and Kosti (Central Region), with the participation of 400 physicians and nurses from health centres and rural and provincial hospitals. An additional three training and orientation courses on ARI were conducted for 52 doctors and pharmacists. Furthermore, 500 medical assistants were trained in ARI case management and prevention. Since ARI is one of the major causes of infant and child mortality, reinforcing the clinical management of ARI at the household and community levels and referral procedures at peripheral levels is crucial.

Nutrition

14. The programme had a three-pronged approach: (a) the emergency programme focused on food relief, supplementary feeding and the promotion of food production; (b) income-generating schemes, growth monitoring and supplementary feeding were promoted to combat long-term deficiencies; (c) health sector interventions addressed micronutrient deficiencies. Since 1981, the UNICEF/WHO Joint Nutrition Support Programme (JNSP) has supported growth monitoring in four provinces, and 220 health workers were trained in this area. Some 15,000 women participated in food production projects, and over

3,000 nutrition instructors were trained to support school gardening and nutrition education.

Basic education programme

15. The national education institute, Bakht-er-Ruda, initiated curriculum reform and developed programmes to improve teachers' skills, with topics geared towards child survival an development (CSD). CSD messages were also incorporated into adult education learning materials. In addition, workshops were organized to develop education planning capacity both nationally and regionally. Steps are under way to expand primary education by linking the community-based learning institutions, the khalwas (Koranic schools), with the formal education system. The action-oriented school health curriculum, a joint United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF/WHO initiative, is being introduced into the school system with trial lessons on health topics.

Rural water supply and sanitation programme

16. This programme continued to show outstanding progress. Against a cumulative target of 2,500 boreholes, some 3,800 were drilled by 1990 and 7,700 pit latrines were also constructed. The cost of drilling a borehole has also decreased, from $9,000 in 1985 to $3,600 in 1990. This success is due to UNICEF technical support, active community participation, social mobilization and the implementation of a production incentive system.

17. An outstanding achievement is the self-financing community hand-pump maintenance system, with regular random surveys in accessible areas indicating that close to 90 per cent of all hand-pumps are continuously in working order, owing largely to the maintenance role women play. Furthermore, the 1,000 village health committees involved have proved fully capable of managing their hand-pump water supplies. Sanitation targets were met and even surpassed, but latrine construction, not perceived as a felt need, did not keep pace with the hand-pump programme.

Debt relief for child survival

18. UNICEF has pioneered an initiative in the Sudan of debt swaps for child survival. Six leading international banks have contributed the outstanding debts owed them by the Government to UNICEF, with the concurrence of the Government. The debts have then been repurchased by the Government from UNICEF in local currency, with the proceeds going to the expansion of UNICEF-assisted water projects.

Children in especially difficult circumstances (street children)

19. UNICEF has assisted small-scale, experimental projects, supporting the Department of Social Welfare and non-governmental organizations (NGOs) in responding to the needs of street children with rehabilitation a key goal. The programme worked through NGOs to reunite street children with their

families in their home regions. Vocational training and basic education were provided at technical schools. UNICEF also supported a reception and rehabilitation centre in Khartoum where street children under 13 years old received free breakfasts, counselling, medical treatment and health education. A courier service, "SKI" (Street Kids Incorporated), managed by the children themselves, organizes the rapid delivery of newspapers and periodicals.

Area-based programme

20. UNICEF supported area-specific programmes in three disadvantaged areas: Red Sea Hills Province and Kordofan and Equatoria Regions in the south. With the outbreak of civil conflict in the south, activities in Equatoria became emergency-oriented under Operation Lifeline Sudan. In Kordofan, UNICEF supported income-generating activities for more than 15,000 women. Area-based planning was fully applied to the integrated programmes, which included home gardening, mechanized farming, handicrafts and female literacy. An external evaluation in 1990 noted significant improvement in leadership and management skills of women's groups.

21. In Red Sea Hills Province, UNICEF, in collaboration with WHO, supported the implementation of JNSP in seven districts. The PHC infrastructure was established and strengthened, and 220 volunteer community health workers (CHWs) were mobilized and trained. Some 2,100 essential drugs kits were distributed to primary health care (PHC) units in target districts. Communities participated in constructing 70 water embankments to increase food production. The programme was instrumental in expanding EPI, CDD and MCH activities. Income-generating and literacy components of the programme made very slow progress.

Emergency programme

22. In Operation Lifeline Sudan, over 2 million civilian victims of drought and armed conflict were provided with nearly 192,000 tons of food and over $20 million worth of other emergency assistance. Essential drugs and mass immunization programmes for children prevented epidemics. Water supply and sanitation services were provided, as were seeds, tools and basic education materials in this multi-agency operation.

23. Operation across conflict zones was made possible by the cooperation and commitment of the Government and the Sudan People's Liberation Movement. The initiative, which had the full support of major donors and the active involvement of United Nations agencies, the International Committee of the Red Cross and NGOs, averted a large-scale human tragedy and saved an estimated 250,000 lives. Operation Lifeline Sudan firmly established the principle that humanitarian relief should be provided in areas of civil conflict to all civilians in need and endorsed the free and safe passage of relief transport along defined "corridors of tranquillity". The operation is now serving as a model in other countries.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $25,000
Supplementary funds: $50,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	7 870	7 022	14 892
Nutrition	490	452	942
Water supply and sanitation	6 400	18 396	24 796
Basic education	2 230	6 570	8 800
Children in especially difficult circumstances	1 435	3 959	5 394
Area-based social development	1 590	6 231	7 821
Urban basic service	1 450	5 350	6 800
Women-centred programme	475	2 020	2 495
Planning and programme support	2 160	-	2 160
Social mobilization and advocacy	900	-	900
Total	25 000	50 000	75 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Goals and objectives

24. The immediate objective of the programme is to safeguard the survival of the over 2 million children under five years of age seriously at risk from the food emergency. Coverage with supplementary feeding and emergency services in health, water supply and sanitation, and environmental protection will be maximized. At the same time, the programme will strive to maintain progress towards the following interim goals for 1995: (a) to reduce IMR from the present 108 to 75 per 1,000 live births; (b) to reduce U5MR from an estimated 181 to 140 per 1,000 live births; (c) to reduce MMR from an estimated 655 to 500 per 100,000 live births; (d) to eliminate dracunculiasis (guinea worm disease); (e) to promote basic education for all children, especially girls; (f) to accelerate female literacy; (g) to help to increase the proportion of the population with access to safe drinking water from 30 to 50 per cent; and (h) to reduce severe malnutrition among children (0-5 years old) by one third by 1995.

Emergency and relief activities

25. Emergency and relief activities will be coordinated under the leadership of the Special Coordinator of the United Nations Secretary-General for Emergency and Relief Operations in the Sudan. Within this context, special funding appeals will be launched by UNICEF, similar to those launched in 1990.

26. The UNICEF emergency assistance programme will be targeted to children most at risk in drought areas (1 million), in camps for the displaced, in and around urban areas (500,000) and in the conflict zone (600,000) and will include four major components:

(a) The provision of supplementary feeding to an estimated 400,000 children and 500,000 pregnant, lactating, sick or elderly women who are at serious risk. UNIMIX, vitamins A and C, iron and folic acid will be supplied and distributed through feeding centres. Logistical support will also be provided. Surveys will identify those most at risk, and seeds and tools will be distributed prior to the next harvest;

(b) The integration of immunization and supplementary feeding activities, ORT and vitamin A, as well as life-saving drugs will be provided, and existing health units will be strengthened to provide emergency PHC;

(c) The provision of water and sanitation for those in greatest need, with the lowest cost technology that is feasible and rapidly implementable;

(d) The provision of emergency shelter materials such as blankets and plastic rolls. Temporary classrooms will be built and staffed by displaced teachers.

Regular programme activities

27. In 1991, the regular programme will primarily support the emergency programme. However, efforts will be made to sustain progress towards UNICEF goals for the 1990s so that regular programme operations in the post-emergency period can be quickly resumed.

Health

28. UNICEF will support the activities listed below.

29. Restructuring the PHC system. To improve access to and coverage of PHC services at the peripheral level, the Government has decided to decentralize its management to the health area level. The essential drugs and PHC support project was established to operationalize essential drugs supply and cost-recovery systems starting with three health areas in 1991 and gradually to replicate the systems in 50 per cent of the remaining 172 health areas of the country by 1995. The project is designed to restructure the PHC system following Bamako Initiative principles; to ensure the effective integration of all CSD activities within the PHC/MCH structure at the health area level; and to ensure the establishment of a workable PHC referral system. UNICEF will continue to work closely with WHO, NGOs and other agencies. National actions to prevent and control, notably, malaria, dracunculiasis and acquired immunodeficiency syndrome (AIDS) will be supported.

30. MCH. Existing MCH activities that have not yet been integrated will be reorganized to form a main core of PHC service delivery. As part of a national MCH personnel development strategy, 50 health visitors will be trained as trainers, who will, in turn, train 6,000 TBAs by 1995. TBAs will implement CSD activities, provide prenatal, natal and postnatal services and identify and refer high-risk pregnancies. UNICEF support will include the procurement of MCH supplies and drugs, staff training, operational research and communication activities. WHO will provide technical support and the United Nations Population Fund (UNFPA) will help to train TBAs and provide MCH supplies.

31. EPI. The main priority will be to consolidate and sustain universal child immunization by raising immunization coverage of children under one year old from the 1990 level to at least 80 per cent for each antigen by 1991, and sustaining this level thereafter. Coverage of women of child-bearing age with two doses of tetanus toxoid will also be increased to at least 90 per cent by 1995. Immunization activities will be introduced and institutionalized at all PHC/MCH facilities and hospitals, while existing mobile units will be phased out. UNICEF will continue to support the strengthening of management and supervision, the expansion of the cold-chain and maintenance systems and the provision of vaccines, needles and syringes and transport facilities. Support will also be provided to strengthen staff training, project monitoring and evaluation, advocacy and social mobilization activities.

32. CDD. Building national capacity in diarrhoea case management and prevention will be a major activity. The integration of CDD with other services, especially water supply and sanitation, will be among the priority strategies. UNICEF will support in-service training, refresher courses for middle- and senior-level management and pre-service training in schools and for volunteers. About 15 diarrhoea training units and 230 ORT corners will also be established. Communication and mobilization activities will be targeted to peak immediately before and during periods of highest diarrhoea incidence. UNICEF support will include the procurement of ORS, staff training, operational research and communication activities. WHO will provide technical support.

33. ARI. This project is operational in three of the country's nine regions, with an emphasis on early detection and case management at home. The project will be intensified and gradually introduced in the other regions by the end of 1995. UNICEF support will include technical assistance, shared training costs, the design and production of communication materials, monitoring, operational research and antibiotics supplied through the national essential drugs project. WHO will provide technical assistance.

Nutrition

34. UNICEF assistance will continue to focus on strengthening growth monitoring and community-based nutrition education; controlling iodine deficiency disorders; and providing Vitamin A to vulnerable groups, identified through an ongoing nutrition surveillance system. In emergency situations, UNICEF will also support supplementary feeding and non-food assistance. UNICEF, the United Nations Development Programme (UNDP), FAO and the World Food Programme (WFP) will assist the Government in establishing a food and nutrition surveillance system to plan intervention in case of crop failure or famine. Nutrition activities will be integrated with related PHC elements. UNICEF will continue to support school gardening, and close coordination will be maintained with the area-based programme on income-generating activities.

Water supply and sanitation hygiene education

35. The project will adopt a three-pronged strategy: (a) providing potable water rapidly and cost effectively through the drilling of small diameter boreholes fitted with hand-pumps; (b) making the formation of a health committee and the construction of household latrines conditions for the supply of potable water to a community; and (c) focusing on specific least-developed rural councils to demonstrate that a large network of hand-pumps, owned and partly paid for by the user community, can be maintained by the community and serve as a catalyst for improving environmental sanitation and personal hygiene. The project will be implemented in north and south Kordofan and, from 1994, in the Blue Nile Province. Production-based incentive schemes will be applied to increase project implementation rates and coverage. The involvement of women in health committees and as pump-mechanics will be emphasized. Gender discrimination will be minimized by ensuring that 50 per cent of women participate in maintaining hand-pump systems. Water

points will be provided to encourage home gardening activities. To increase girls' enrolment in primary schools, schools will receive water and sanitation facilities. Linkages will be strengthened with the CDD and area-based social development projects.

36. The project aims at providing 1 million people with hand-pump water supplies and some 160,000 people with improved sanitation through the construction of ventilated improved pit latrines. The project will drill 5,000 boreholes and install 5,000 hand-pumps. Some 20,000 ventilated improved pit latrines will be constructed on a self-help basis, in addition to 125 for primary schools and PHC units. Some 10,000 members of health committees, 2,000 village hand-pump mechanics and 50 rural council hand-pump technicians will be trained in organization and management of hand-pump water supplies, sanitation and CDD activities. Concerted efforts will be made to monitor the incidence of dracunculiasis and to plan for its prevention, control and eventual eradication. Government efforts to establish facilities to manufacture hand-pumps and spare parts will be supported. Social communication and mobilization activities and the monitoring of the cost-effectiveness of operations will form integral parts of the project.

Basic education

37. By 1995, the Government aims to reduce the female illiteracy rate by 50 per cent; increase primary school enrolment for both sexes to 75 per cent; and decrease the primary school drop-out rate from 31 to 20 per cent. Within this framework, UNICEF will accord priority attention to underserved regions and target populations in Darfur, Eastern and Southern Regions with special focus on the displaced. Innovative schemes to accelerate access of young girls and women to basic education to help them to achieve functional literacy will be emphasized. Support will also be provided to enriching the basic education curriculum content of the khalwas and promoting their linkage with the formal education system.

Urban basic services

38. This new component will consolidate UNICEF emergency inputs and development efforts to improve access to basic services for the displaced and the growing urban poor in Khartoum. Priority will be accorded to the acceleration of immunization efforts to achieve and sustain UCI in some 40 settlements for the displaced and 10 shanty towns in Khartoum. Community-based PHC will be strengthened. Support will be given to training new CHWs/communicators in 60 PHC units in settlements for the displaced and shanty areas; training and equipping TBAs; implementing the area-specific health delivery and referral system of the Khartoum health commission; and mobilizing and organizing displaced and urban poor communities to use CSD technologies and to assume basic management of community health services.

39. A government moratorium on establishing permanent and semi-permanent physical infrastructures in settlements for the displaced posed a major policy constraint to water supply. However, recently an agreement was signed between

UNICEF, co-operating NGOs and government agencies in Khartoum to permit the drilling of boreholes and installation of hand-pumps in such settlements in unplanned areas in the capital. Thus, UNICEF will assist in installing some 1,000 hand-pumps and constructing some 500 VIP latrines.

Children in especially difficult circumstances

40. The programme seeks to cushion the impact of drought and armed conflict upon displaced children; prevent a further increase of vagrancy; and rehabilitate existing street children and reunite them with their families. By 1995, the number of street children in Khartoum should be reduced by one half to 2,500. Another 6,000 children in settlements and shanty towns should be prevented from joining the ranks of street children. Community-based and family-oriented activities and approaches will be emphasized to promote the integration of children with their families. Development interventions will be expanded to include vocational skills training, functional literacy and small-scale, income-generating activities. The programme also seeks to establish linkages among NGOs and the Department of Social Welfare to promote concerted advocacy action for street children. A system will be established to monitor the status of children in difficult circumstances.

Area-based social development

41. The programme focuses on the underserved areas of Kordofan and Eastern Regions. In support of government decentralization efforts, strengthening of local-level planning and programme management capacity will be emphasized and training will be a major component. EPI, CDD, ARI, MCH, nutrition and essential drugs will be integrated into the PHC delivery system. Close linkages will be established with water supply, sanitation and basic education activities. Village committees will help to organize social mobilization activities for all programme components. The integrated women's project will emphasize food production and food security benefiting approximately 30,000 women.

Women in development

42. The programme integrates women's needs and concerns into the planning and implementation of all UNICEF-assisted programmes. In addition, the programme will play a major advocacy role in integrating women's issues into policies, plans and resource allocations at national, regional and peripheral levels. Priority focus will be placed on the girl child. The programme aims to reduce gender disparities in the provision and use of social development services; improve the status of women by focusing on ways and means to reduce their workload and raise their level of education; and improve their health and nutrition status by reducing MMR from 655 to 500 per 100,000 live births by the year 2000. Advocacy efforts will be pursued towards the formation of a general women's association. An advocacy plan will be prepared to address women's concerns and gender disparities, in collaboration with the Department of Social Welfare and Ministries of Information, Guidance and Education and interested NGOs.

Information, social communication and mobilization

43. Advocacy efforts will be intensified, capitalizing on the participation of the Sudan in the World Summit for Children, and its ratification of the Convention on the Rights of the Child, to ensure that CSD programmes are brought to the forefront of national policies and development planning. The strengthening of the information and communication institutional capacity at central, regional and community levels will be supported. The systematic use of traditional communication and electronic media will be encouraged to disseminate CSD messages using Facts for Life.

44. The programme will support the establishment of the national child council to promote the cause of children in national planning and development programmes and will assist the Government in preparing a 10-year national programme of action as a follow-up to the World Summit for Children.

Planning, monitoring and evaluation

45. The programme will rapidly provide information for emergency planning, and in the long term will establish a data reporting system on the condition of children and women and develop mechanisms to monitor and evaluate trends. Existing systems will be reviewed to assess coverage, methods of reporting and analysis and use of data, and national capacity to collect such data will be enhanced. A series of CSD indicators will be developed to measure programme impacts and cost-effectiveness.

Cooperation with the United Nations and other agencies

46. UNICEF cooperated with UNDP in women's development and drinking water and sanitation, with WHO in child survival and health, with UNESCO and WHO in health education activities in primary schools; with WFP, FAO and UNDP in Operation Lifeline Sudan and to establish a nutritional surveillance system; and with UNFPA and WHO insafe motherhood and the promotion of birth spacing. UNICEF also cooperates with bilateral agencies and NGOs to share information and exchange experience.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Sudan (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	175	(1989)	Very high U5MR
Infant mortality rate	105	(1989)	Very high IMR
GNP per capita	$ 480	(1988)	Low GNP
Total population	25 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	659	850	964	1061
Infant deaths (under 1)	(thousands)	100	106	109	111
Under-five deaths	(thousands)	167	179	183	186
Under-five mortality rate (per 1,000 live births)		254	210	190	175
Infant mortality rate (under 1) (per 1,000 live births)		151	125	113	105

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	..
	Severe	2	..
Babies with low birth weight (%, 1979/1985)		17	15*
Children completing primary level (% of first grade, 1980/1988)		..	61*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		91/ 86/ 72	../../..
Prevalence of wasting (%, 1980/1987)		..	13a/
Prevalence of stunting (%, 1980/1985)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		101	88
Food production per capita index (Index 1979-1981=100, 1980/1989)		99	83
Household expenditure (% of total income, 1980-1985)	All food/cereals		60/..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			25
Access to health services (% of population, 1980/1985)	Total	..	51
	Urban/rural	../..	90 /40
Access to safe water (% of population, 1980/1985)	Total	40*	21*
	Urban/rural	../..	60*/10*
Access to adequate sanitation (% of population, 1980/1985)	Total	..	..
	Urban/rural	../..	.. /..
Births attended by trained personnel (%, 1981/1983)		23	60
Maternal mortality rate (per 100,000 live births, 1979/1983)		..	660

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	3	12	67	51
	DPT	1	8	53	41
	Polio	1	8	53	41
	Measles	1	6	57	34
Pregnant women (%) immunized against	Tetanus	1	3	20	25

TABLE 1 (continued)

Sudan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1985)	Total	50/ ..	49/ ..
	Male	59/ ..	59/ ..
	Female	41/ ..	41/ ..
Secondary enrolment ratio (gross/net) (%, 1980/1985)	Total	16/ ..	20/ ..
	Male	20/ ..	23/ ..
	Female	12/ ..	17/ ..
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	17	24
	Male/female	28/ 6	39/ 10
Radio/television sets (per 1,000 population, 1980/1988)		232/50	233/53

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	13.9	18.7	21.8	24.5	33.6
Population aged 0-15 years	(millions)	..	8.8	10.3	11.6	15.6
Population aged 0-4 years	(millions)	..	3.5	4.0	4.4	5.8
Urban population (% of total)		16	20	21	22	26
Life expectancy at birth (years)	Total	42	46	49	50	55
	Male	41	45	48	49	54
	Female	43	48	50	52	56
Total fertility rate		6.7	6.6	6.5	6.4	5.8
Crude birth rate (per 1,000 population)		47	47	45	44	41
Crude death rate (per 1,000 population)		22	18	17	15	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1989)		5	9
Population annual growth rate (%, 1965-1980/1980-1989)	Total	3.0	3.0
	Urban	5.1	4.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		0.8	-4.2
Inflation rate (%, 1965-1980/1980-1988)		12	34
Population in absolute poverty (%, 1977/1988)	Urban/rural	../ 85	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../ ..	../ ..
Government expenditure	Health/education	1/ 10	../ ..
(% of total expenditure, 1980/1988)	Defence	13	..
Household expenditure (% of total income, 1980-1985)	Health/education		6/ 4
Official development assistance: (1980/1988)	- $US millions	583	923
	- As % of GNP	9	11
Debt service (% of goods & services exports, 1980/1988)		10	7

a/ Aged 0-59 months, Northern Sudan only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: SUDAN
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $15,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2667	7392	172	513	1861	1692	1085	6315	5785	15912	21697
Water supply and sanitation	1879	7431	56	130	2986	429	1158	1001	6079	8991	15070
Nutrition	84	606	40	109	191	329	85	730	400	1774	2174
Education	812	86	171		20		235	120	1238	206	1444
Community organization and development	189	337	33	43	527		170	217	919	597	1516
Women-centred programme		12		22			16	4	16	38	54
Children in especially difficult circumstances	20	13	15	20	206		167	34	408	67	475
Advocacy	9				171		29		209		209
Emergency	834	10608		56	13	3342	971	6776	1818	20782	22600
Planning and project support	202	410	24	22	1675	182	362	483	2263	1097	3360
Freight	2291	275							2291	275	2566
GRAND TOTAL	8987	27170	511	915	7650	5974	4278	15680	21426	49739	71165

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: SUDAN Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	1945 a/	1745	1520	1390	1270	7870
	NSF				802	6220	7022
	USF	3607	5803	6000	5308		20718
Water supply and sanitation	GR	990	1140	1280	1430	1560	6400
	NSF	3326	3740	3700	3810	3820	18396
	USF	464					464
Nutrition	GR	80	90	100	110	110	490
	NSF	152	75	75	75	75	452
	USF	320	315	310	305	300	1550
Education	GR	435	440	450	455	450	2230
	NSF	1325	1320	1315	1310	1300	6570
Women-centred programme	GR	90	95	100	100	90	475
	NSF	400	420	450	380	370	2020
Children in especially difficult circumstances	GR	275	290	300	290	280	1435
	NSF	379	920	900	880	880	3959
	USF	541					541
Social mobilization and advocacy	GR	175	180	180	185	180	900
Planning and social statistics	GR	430	420	440	420	450	2160
Urban basic services	GR	270	280	290	300	310	1450
	NSF	1050	1100	1100	1050	1050	5350
Integrated area-based programme	GR	310	320	340	320	300	1590
	FSF	246	250				496
	NSF	1281	1350	1250	1200	1150	6231
	USF	169					169
TOTAL	GR	5000	5000	5000	5000	5000	25000
	FSF	246	250				496
	NSF	7913	8925	8790	9507	14865	50000
	USF	5101	6118	6310	5613	300	23442
GRAND TOTAL		18260	20293	20100	20120	20165	98938 b/

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF = Unfunded supplementary funding.

a/ Not including $2,000,000 allocation made for the programme in 1990.

b/ Not including Sudan lifeline operation.

/...

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SUDAN	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	4	1169
Local national Professional and General Service established posts	17	1608
Operating costs		3164
Total	21	5941
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	13	2751
Supplementary funds	4	859
Local national Professional and General Service project posts		
General resources	36	2366
Supplementary funds	17	1094
Total	70	7070

a/ For information source, see 1992 post authorization table, dated January 1991.